



European Veterinary Parasitology College (EVPC)

Application for Associate Membership

Applicants should read section 4-3 of the EVPC Constitution and By-laws before completing this form, and should provide evidence that they fulfil all criteria listed therein.
Please submit this form electronically, followed by a signed hard copy of just the front page

This application is sponsored by the following EVPC diplomates:

1. _____ 2. _____
Do you have your sponsors' agreement to name them in this application ? YES /NO

Name:

Qualifications:

Date of birth:

Nationality:

Address:

Phone:

Fax:

E-mail:

Are you a qualified veterinarian? YES /NO

Do you have at least 7 years experience in Veterinary Parasitology*? YES /NO

Have you contributed significantly to research in Veterinary Parasitology*? YES /NO

Are you a member of your national Parasitology society? YES /NO

Please name the society here:

Are you a member of WAAVP? YES /NO

Please indicate your employment category: Academia, Government, Industry, Private practice

Declaration: I confirm that the information I have provided is, to the best of my knowledge, true.

Signed: Date:

**Please provide further details on a separate sheet under the following headings:*

EDUCATION; CURRENT AND PAST EMPLOYMENTS; EXPERIENCE IN VETERINARY PARASITOLOGY; YOUR PRESENT INVOLVEMENT IN VETERINARY PARASITOLOGY; YOUR CONTRIBUTION TO RESEARCH IN VETERINARY PARASITOLOGY; PUBLICATION LIST

I agree/ do not agree (*delete as appropriate*) to the short CV that I have provided below being placed in the password protected Members' Section of the EVPC website for a period of one month prior to the election to be held at the EVPC annual General Business Meeting*.

Signed:

Date:

* The CV will be removed shortly after the meeting.

Application for EVPC Associate Membership. Leave blank if you do not wish your cv to be used.

Name :

Short CV (max 200 words) :